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### MARYLAND STATE DEPARTMENT OF HEALTH

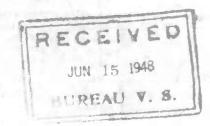
2411 N. Charles St., Baltimore

6002

### CERTIFICATE OF DEATH

Dist. No. 6

CERTIFICAT	E OF DEATH Reg. Dist. No	
1. PLACE OF DEATH:  County  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address were death occurred:  How long in hospitat or institution?  3. (a) FULL NAME  Jennie Bridge (Lulu	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
		404
T. W. Wedaned	20. DATE DF DEATH June 9, 1948 at 3:	4UA M
6.(b) Name of husband or wife Feury N. Prilyon	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 19 146 10 June 9	19 48
6.(c) tf alive, give ageyears	and that I last saw her alive on June 9,	
T. Birth date of 18 18	The state of the s	
deceased (mo., day, yr.)  PACE: Years   Months   Days   If less than one day	Immediate cause of death	URATION
8. AGE: Years Months Days If less than one day		
69 // // min.	Diabetes Mellitus	
1.00 70 7.		
9. Birthplace	Due to	•••••
(Town, county, and atate)		
10. Usual occupation	Due to	
11. Industry or business		
12. Name Welliam Wesley Baymard	Other conditions	
13. Birthplace Talbot Co. And		
	(Include pregnancy within 3 months of death)	
# 14. Maiden name Margaret Ellen Syman,	Major fiediogs of operations	
14. Maiden name Margaret Ellen Lyman.  15. Birtholace Jaffat C., Md.	Date of op.	
13. primplace		
16, Informant 1 Newcy Willage	Actopsy results.	
Water to 1	PHYSICIAN: Please underline the cause to which death should be charged statistical	my.
Address Manual, Mrs.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Alexand Date thereof fleac 11, 1948	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?)		
Cemetery or crematory Pauville	Where did Injury occur?	)
Non Coal and	Injured at home farm, industry, public place (where?)	
Location Location		1
ARO. Conto	Means of Injury Injured at work?	1/-
18. Funeral director	Top or all	X
Address Alm May	(X Vacal, N (Atocop, delle.	
The Mal M.	23. SIGNATURE M. D. or other	
19. 6/11 19 48 //.TY- / Dereis	Greensboro, Md. nat signed 6/9	/48
(Daje rec'd by registrar) Registrar	Address Greensboro, Md. Dat signed 6/9	W. 20



M. D. or other

CERTIFICAT	E OF DEATH Reg. Diat. No.	ja.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give neerest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.	100
3. (a) FULL NAME Hubbard Brown	3. (b) Social Security Number 222-18-0591	
4. Sex S. Color of race 6.(a) Single, married, wildowed, or divorced curkerown	MEDICAL CERTIFICATION  2D. DATE DF DEATH	9
6.(6) Name of husband or wife	and that I last saw h	
9. Birthplace	Due to	
12. Name	Other conditions	
16. Informant Hayward Laynes  Address N.F. Denflow, Md.  17. Budsal Date thereof Wick 30, 1948  (Burial, cremation, or removal, Which?)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory  Location  18. Funeral director  Address  Dentan  Address	Where did Injury occur?	

Registrar Address.

PLEASE WRITE PLAINLY, is especially A15

AS

(Date rec'd by registrar)

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

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MARGIN

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2411 N. Charles St., Baltimore

		E	11	Fi	
		V	11	U	

3. (b) Social Security Number

Reg. Dist. No.

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
State bayford County Carolina	
City or town Utfoutside city or town limits, write RURAL and and a new seat town)	

(If rural, give LOCATION)

3.	(a)	FULL	NA	ME

1. PLACE OF DEATH: County Carolina

How long in above place of death? Life Mospilal, institution, or street address where death occurred:

How long in hospital or Institution?.....

4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced
Temale	White	Widowed

7. Sirth date o		Feb		(c) If allve, give a 25 1868	ngeye
8. AGE:	Years 80	Months 3	Days 23	if less than	one day

	00	-	1		4.4.4.4.4.4
9.	Birthplace	lina Co	ty	kan fand	
		71	, coupley, and	4	

11. Industry or business	Home
12. Name History  13. Birthplace Joseph	a
H 14. Maiden name Elia	and Willoughby

Q 15.	Birthplace	Caroline	Country	Mary Gand	٤
16 Infor	mani	his. J.	Edwin	Roser	
10. 111101	11101111	-		6	

Address	thderalsburg	large	and	
. B.	1	Date thereof	Lane	21,1948
(Burial, cre	mation, or removal, Which?)		(month	) (daý) (year)
Comptery or	cromotory Lenches	ter Come	terry	

	Location May Freston Kanglend
-	18. Funeral director 2. t. Frankton 2 Lon
1	Address Fredericksburg, Charyford

9 June 21 18 48	C. W. Plummer
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MEDICAL	CERT	IFICA	TION

20. DATE OF DEATH	Juna	18	19.43	1. 5:40 P.
21. I OFRTIFY Di death oc	courred on the date abo	ove stated; Afhai	gitended decea	8 19.45
and that fast saw h. d. 3.	aitve on	ne 181		19 4
Immediate cause of death	0		0.	DURATION
Chressie	Myo	cardi	115	143.
Due to				<u>Y</u>
Due to				***************************************
		*****************		
Other conditions			**************	

finclude	pregnancy	within	3 months	of death)
(21111111111111111111111111111111111111	B			

	(include pregnancy within 5 months of death)
lajor fiodings	of operations.
	Dale of op
-tones manh	

PHYSICIAN:	Please	underline	the	cause	to	which	death	should	be	chi	rged	statistically

22. VIOLENCE:	Il death was due to external causes, the latter	TOTAL WILLS
Accident, sulcide,	or homicide	Date of

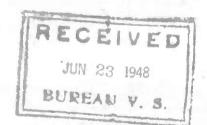
	Where dld Injury	occur?			
l			(City or town)	(County)	(State)

	(City or town)	(County)	(State)
Injured at home, farm, Indus	try, public place (where?)		

eens of Injury	Injured at w	ork?

***	23. SIGNATURE Franky MC	Dorche	ism M.S
gistrar	Address of a decel bury Vi	ud	6/21/48

item of information carefully causes of death clearly and BINDING FOR RESERVED MARGIN



9-45-15M

A15 SA PLEASE

(Date rfc'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6005

Ill God signed 6

CERTIFIC	CATE OF DEATH Reg. Dist. No.
County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where dash occurred:	Street No.
3. (a) FULL NAME  Course Welfeldon la line	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Heusele White Market	MEDICAL CERTIFICATION  20. pate DF DEATH. Sulfa 132  21. 10 PATE DF DEATH. Sulfa 1 1948 at 6 132  22. pate DF DEATH. Sulfa 1 1948 at 6 132  23. 11. 1 CERTIFY this real occurred on the date above etated; that 1 at 6 deed deceased from
8. (b) Name of husband or wife	yeare and that I let saw held alive on 19. Immedia on Google DURATION
B. Birthplace	Due to
11. Industry or business  12. Name 12. Name 13. Birthplace 13. Bir	Diter conditions Hodulan gostiz chome
14. Maiden name. Alle. MC Mosells.  15. Birthplace Mallelly Co. 18. informant McClaude Translations.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address Hellyboro, filled	PHYSICIAN: Please underline the cause to which death about the charged statistically.  2. VIOLENCE: If death was due to external causes, fill in the following:  2. Date of
Cemetery or crematory	Where did injury occur?
( Marie Marie Marie	Meene of injury / / / / / / / / / / / / / / / / / / /



### CERTIFICATE OF DEATH

Reg. Dist. No. 6.

	Nog District No year
1. PLACE 9F) DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Cartle	(For nawhorn infants give residence of mother)
When the	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Centre elle
low long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, Institution, of street address where death occurred:	Street No.
Mewal Home	(If rural, give LOCATION)
ow long in hospital or Institution?	2.(a) If veteran, name war
(a) FULL NAME Walter Cook	3. (b) Social Security Number
Sex   5. Color or race   6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
males White Single	20. DATE DE DEATH. June 15 19.48 21.3:12.4
(b) Name of husband or wife	21. I CERTIFY that decity occurred on the date above stated: that I attended deceased from
	Oct. 7 19 47, 10 Jame 15 19 4
Birth date of	and that I last say he malive on well 14 19 45
deceased (mo., day, yr.) May, 6 - /8 //	Immediate pure death DURATION
AGE: Years   Months   Days   If less than one day	Vergreee Re Sheeten
77 10 9hrs.	min.
Birthplace Gueen and Co. And	Due to Cultury (Colonia Colonia Coloni
(Town, county, and atate)	Cardervaralor Descool
Usual occupation Care Taken	Due to.
C. + flours	$\mathcal{O}$ $\mathcal{O}$ $\mathcal{O}$ $\mathcal{O}$ $\mathcal{O}$
Industry or business	The Land Jackson
12. Name	Other conditions
13. Birthplace . G. a. Co. ord.	(Include pregnancy within 3 months of death)
(Dia allinaina)	(Include pregnancy within 3 months of death)
14. Maiden name ligo Wiggins 15. Birthplace 99 A. Co. Ind.	Major fiediogs of operations.
15. Birthplace, Ug. a. Col ond.	Date of op.
has may holson	Aolopsy resolts.
interment	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Centravelle ond.	
Burial 17 19	7 48  22. VIOLENCE: ff death was due fo external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof  (month) (day) (year	
(but list, creation, or remarks)	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Centreville, Ma.	fnjured at home, farm, Industry, public place (where?)
51 1 /	Meens of Injury Injured at work?
Funeral director days and and	F 10 0 1 1 1 1 1 1
Address Church Hill, Mi	a. Withmesser Wal
Audition	23. SIGNATURE
June 14 HD L. Markets	m m l
(Date ree'd by registrar)	ristrar Address Prenstors, Mas Date signed 6-73-7

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VS A15



### CERTIFICATE OF DEATH

Reg. Dist. No. 64

		NEGO A SEE	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED;	
County	Siele Maryfand County Carthon		
Oily or town	1 0 0		
How long in above place of death? 2 weeks	City or town(If outside city or town limits	, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No.		
River Road	(If rural, give		
How long in heapital or institution?	2.(a) tf vetoran, name war	manananan mananan manan	
3. (a) FULL NAME Ella S. Friend		3. (b) Sacial Security Number 219-14-2628	
4. Bes   5. Spiar or rase   6.(a.) Single, married, widowed, or divorced	MEDICAL CI	RTIFICATION	
31.4	MEDICAL CI		
Fruale Colored Widowed	20. DATE OF BEATH	17 10 48 1 12:30 A	
6.(b) Name of husband or wife Charles to Friand	21. I CENTIFY the death occurred on the date abo		
	June. 10	18 10 June 17 10 48	
7. Birth date 81 4. ( 1992)	and that f last saw flen alive on	ne 160 18 48	
deseased (me. day, vs.) May 6, 1873	Immediate cause of death	BURATION	
8: RUE:	manulary	+ regular mont	
55 / // Inhrs. min		e aps	
9. Birthplace Carolina (Yown, seught, and state)	Due in Samuelly	540 t	
18. Usual BEEUBAIIBA. Housework	Bue to	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
11. Industry of business . Home	B06 16::::	1 0	
	Biber conditions Jeneral &	terroscerous 57	
12. Name for Phillips  13. Birthelass Dorchester County Maryland	other conditions r	+0	
	(Include programsy within 3 p	nentha ef deathi	
14: Maiden name Suran Simpson	Major findings of operations		
\$ 15. Birthplace Caroline County Maryland			
16. Informant Elway M. Friends	Autopay results	11 0011 21 - 1000001 011	
ABBRESS tederalsburg, haryland	22. VIOLENCE: If death was due to external cau		
17 Build (Huriel: Stematism; St removal: Whish?) Bale thereof (Hishth) (day) (year)	Accident, Suicides, of homicide		
[Herial: Sremation: Of Femoval: Whish;]			
Complety of Command The Pleasant Contany	Where did injury securi		
LEGATION Mean Preston , Haryfund	Injured at home, farm, industry, public place (wi	lajured at work 8	
18. Funeral director Line Transplann Sin	BILLION OF HEALT	angures as any a	
1941838 Federalsburg Mary Gard	101 101	MAD MAD	
7771 21	23. SIGNATURE	AL B. cother	
18: (Bate ree'd by Apelistrat) 18 +8 S. S. Friam 5101	Address Hunde	ck ma 6 10 48	
(Date fee'd by feelighter)	and a place of the second of t		

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JUN 26 1948

BUREAU V. S.

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## CERTIFICATE OF DEATH

Reg. Diat. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Med County Carolin
(If outside city, or town, limits, write, RURAL and give nearest town)	State
How long in above place of death 2 Le Line	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
allew Thurmon	Darrett
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Jo. married	20. DATE OF DEATH. June 23 19.48 21
Collie Webber Barrell	21. ICENTIFY that deaty occurred on the date above stated: that   pttended deceased from
6.(b) Name of husband or will	December 15 19 47, 10 June 23 19 40
7. Birth date of Second	and that Llast saw h sam alive on sulf 22 19 48
deceased (mo., day, yr.) //OU / / / / / / / / / / / / / / / / /	Impedia cause of death OURATION
8. AGE: Years Months Days If less than one day	Chine nipolaceles
66 7 /6min.	
unsville 7 7 1881	Que to Islere belevoler
9. Birthplace	Carder Miscular Drocans
10. Usual occupation Saw Mill seals	Buo in
tt. Industry or business	Q . S
	The heffered
12. Name James Sarrell  13. Birthplace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Lausia Show Dames	Major findings of operations
14. Maiden name Lacisia Show Sakket  15. Birthplace  Marchael	Ogte of op.
alle de la tet la frest	Antopsy results.
16. Informant August Santas Sa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Dallo- Ald	22. VIOLENCE: It death was due to external causes, till in the following:
17 Secretal Date thereof 6 - 21-40	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Actionity delicate, or institution
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Deutspu: Mills	Injured at home, farm, Industry, public place (where?)
1 His sil Many 1 1	Means of Injury Injured at work?
18. Funeral director 1	lond viale 1h
Address / Dentay - 1/19	23. SIGNATURE DEC. N JFreachule N
6/27 US hut a France	he se / M. D. of other 4
19. (Date ree'd by registrar) Registrar	Address Prece no Date signed Go

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JUN 29 1948

BUREAU V. S.

### CERTIFICATE OF DEATH

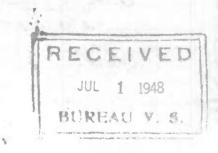
Reg. Diat. No. 6 2

1. PLACE OF DEATH) County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME Zebulon Coodyear	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced widoweds	MEDICAL CERTIFICATION  20. DATE OF DEATH.  19.48  21. MARIE OF DEATH.
6.(b) Name of husband or wife 6.(c) It allve, give age years 7. Birth date of 9.0077	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to
8. AGE: Years Months Days It less than one day    Months   Days   Days	Immediate cause of death  Carriedon Sarry - Our year
9. Birthplace (Fown, county, and atate)  10. Usual occupation (Alana)	Due to
11. Industry or business  12. Name  13. Birthplace  14. Birthplace	Other conditions
THE 14. Maiden name Mangaret Shat	(Include pregnancy within 3 months of death)  Major findings of operations
Address Danton Maryland	Antopsy results
17. Date thereof June 30 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory Lawton Language Location Danton Mary and	Where did injury occur?
18. Funeral director Control Moore Love	Means of injury injured at work?
19. 6/30 1948 Dry & Pusque Registrar Registrar	23. SIGNATURE Duton and M. D. or other Address. Date signed 29 48

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and



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FOR THE RESERVE

2411 N. Charles St., Baltimore

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12

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: ,	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Caroline	
City or town	State Many County Corolina
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred.	Street No. 510 Lincoln
510 Linioln Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William Henry Holmes	
4. Sex 5. Color or race 6.(a)Sing married, widowed, or divorced	MEDICAL CERTIFICATION
male a a married	20. DATE OF DEATH. Jule 16 19.48 21 6 p. M
6.(b) Name of husband or wife Eleanon Holmes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
To I have	Jan 29 19 33, 10 June 16 19 48
7. 8irth date of	and that I last saw h in alive on 19.4%
deceased (mo., day, yr.)  8 A.G.F. Years   Months   Days   If less than one day	Immediate cause of death
o. Aul.	Ocita Nefaulio - Complete Inglassia
5 6 / 5hrsmin.	e) ruring -
9. Birthplace	Due to And truminating allalation white Taking.
m	Duraturas.
1D. Usual occupation.	Due to
11. Industry dr business State Roads Com.	The last in the state of the st
12. Name, Jeane Stolmas I 13. Birthplace Caroline Co, Maryland	Bither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name annie Sampson  15. Birthplace Caroline Co. Maryland	Major findings of operations.
15. Birthplace Caroline Co. Maryland	Date of op.
16 Informant Miss Mary Edna Holmer	Aptopsy results.
4 by m al 1 x1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3/6 West St. Mulford, Welaware	22. VIOLENCE: It death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Whieh?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Spring Grove	Where did injury occur?
location Denton maryland	Injured at home, farm, industry, public place (where?)
1 4 9+ + +	Meens of Injury Injured at work?
18. Funeral director Sames T. State and Sm. A	DA II A GA
Address 402 6, Church St. Daliebury Md.	23. SIGNATURE & aug/hurch aus
10 6/6 148 km D4/lenge	M. D. or other
19. (Date rec'd by registrar) (degistrar	Address Date signed 6 / / 5

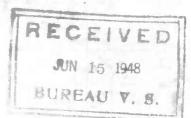
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2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

					AD DIGITATE
1. PLACE OF DEATH: County Caroline		2. USUAL RESIDENCE (HOME)	OF DECEASED: f mother)		
		State Maryland County Caroline			
City or townGree	ensboro	Rur	a ] (URAL and give nearest town)		
			33 Yrs.	City or town Greensbor	its, write RURAL and give neurest town)
Hospital, institution, or	street address where	death occurre	d:		
Trooping the trooping at				Street No. (If rural, giv	ve LOCATION)
How long to hospital or	institution?		X	2.(a) if veteran, name war	X
3. (a) FULL NAME				A STATE OF THE STA	3. (b) Social Security Number
		77			<b>Y</b>
4. Sex	ASDU'	6.(a)Sing	nbbard is, married, widowed, or divorced	MEDICAL (	CERTIFICATION
7. 004					
Male	White	Ma	rried		19.48 31 4 P.
0.433 M 435 aband	Zen	nie		21. I CEPTYY that death occurred on the date a	bove stated: that attended deceased from
				june 1	947 10 Marc 1 1940
7. Birth date of		6.	(c) tf alive, give age	and that t last saw h. form. alive on	Jernet 7, 1940
deceased (mo., day, y	June	4.	1872	Immediate cause of death	DURATION
8. AGE: Years	Months	Days	If less than one day	Carne	asulfracan /min
76	0	7	hrsmln.		10 8
			-24 162	Mener Abo. I	anson
9. BirthplaceG.T.	eensporo	county, and	oline, Md.	Due to.	1 1127/ 3180
					The state of the s
1D. Usual occupation		g T mg T	••••••	Due to The total	
11. Industry or business			X	Samplyshie	
≝ 12. Name	lliam H.	Hubb	ard	Other conditions . Asset	Horse
12. Name	Maryla			ansurface N &	
	Mo + 1 1 do		low	( clude pregnancy within	3 months of desth)
14. Malden name 15. Birthpiace	Ma Lilua			Major findings of operations	
15. Birthpiace	Delaw	are			Date of op
16 Informant 7.0	nnie Hn	hhard	g=::::	Autopsy results	
				PHYSICIAN: Please underline the cause to	which death should he charged statistically.
	eensboro		, ,	22. VIOLENCE: if death was due to external c	causes, fill in the following:
17. Buri	al	Date the	reof	Accident, suicide, or homicide	
Cemetery or cremato	Gree	nsbor	<u>Q</u>	Where did injury occur?(City or town	(County) (State)
Location Gra	ensboro	Mary	land.	injured at home, farm, industry, public place	(where?)
				Msans of Injury	Injured at work?
1B. Funeral director	kaymond	b	awlings	4	1/1/1
Address G	reensbor	o. Ma	ryland.	LHUTS	1/White and
0	4 114	- 1	m. L.	23. SIGNATURE	M. D. or other
(Date rec'd by re	7 19/10.	(/)	Begistral	Address Craffe	Date signed 6/13/48



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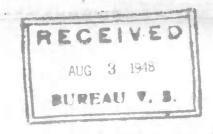
# WRITE PLAINLY, PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Caroline	(For newborn infants give residence of mother)
City or town	State Maryland County Caroline
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town. Henderson Rural (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Australia institution, or street address whose destricts	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mariam Hughes	X X
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. White Widowed	20. DATE OF DEATH June 29 19 48 21 120P.
6.(b) Name of husband or wife	21 I CERTIFY that death accurred on the date above stated: that attended deceased from
	They 1 18 48 10 June 29 18 48
T. Birth date of	and that I last saw h A alive on the last 19 45
deceased (mo., day, yr.) April 27, 1866	Immediate pure of pethy DURATION
8. AGE: Years Months Days It less than one day	Westeles Mellelus
82 <b>2</b> hrsmin.	
9. Birthplace	Due to
1D. Usual occupation Housewife	Due to
11. Industry or business	
量 12. Name Joseph Satterfield	Other conditions Cler Tonyocardeles
12. Name Joseph Satterfield 13. Birthplace Maryland	
	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op.
16. Informant Jessie Hughes	Antopsy results
Address Henderson Rural	
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereot 7/2/48  [Burial, cremation, or removal, Which?]	Accident, suicide, or homicide
Cemetery or crematory Greensboro	Where did Injury occur?
Location Greensboro Maryland	Injured at home, farm, Industry, public place (where?)
	Misans of Injury Ipluced at work?
18. Funeral directorRaymond B. Rawlings	(M) 1 21 H 11
Address Greensboro, Maryland.	23. SIGNATURE thanks M Stones fill D
19. 7/2 19. 48 a Smith	M. D. or street by
(Date ec'd by registrar) Registrar	Address Aleccion Date signed for your



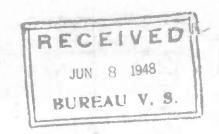
CERTIFICA	TE OF DEATH Reg. Dist. No. 10 H
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
(If outside city of town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If nutside city or town) Rendered and give nearest town)
Naspital, institution, or street address where death occurred:	Street No. Querical Commen
Now long in hospital or institution?	,   2,(a) ti veisran, namo war
3. (a) FULL NAME  Annie L. Langrell	3. (b) Social Security Number
4. Sex 5. Color or raco 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femala Wille Widowed	20. DATE OF DEATH Lune 2 10 48 , at 1 A.
6, (b) Name of husband or wife Samuel to Langrell	21. I CERTIFY that doath occurred on the date above stated; that I triended deceased from
7. Birth dato of deceased (mo., day, yr.) March 24, 1855	and that I last naw h
8. AGE: Years Months Days If less than one day  93 2 8	Immadiat Ganas of death My de quelles OURATION
9. Birthplace Carlins Conty Many fand (Town, Sounty, and state)	Due to
10. Usual occupation. Horswork.  11. Industry or business Home	Due to
12. Name James L. Payne	Piher conditions
13. Birtholace Dorchestes Country Maryand  14. Maiden pame Inlin Bladies  15. Birtholaces Caroline Country Maryland	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birtholass Caroline Country Maryland	Date of on.
16. Informant Mus. Mora Howard	
Address Federalsburg, Mary fand R. F.D.  Buriase Date thereof the 4 1948	22. V10LENCE: If doath was due to external causes, till in the tollowing:  Accident, suicide, or homicide
[Hurlal, cremation, or removal, Which?]  Gemelery of crematory	Whate did injury occur?
Location Near Preston, Maryland	Injured at boms, farm, Industry, public place (where?)
18. Funeral director of of trampton be long	Meens of Injury injured at work?
Address Flderalsburg, Maryland	23. SIGNATURE TURK M. Condessor M. D. or Ather.
19. Late ree'd by registrar) 19. 48. 5. 5. Fram of tankegistra	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Rog. Dist. No. 6

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  Stewart Home	State Mary 1300 County Caroline City or town Ridgely (If outside city or town limits, write RURAL and give nearest town)	
How tong In hospital or Institution?	(If rural, give LOCATION)  2.(a) If veteran, name war	
3.(a) FULL NAME Phillip Edgar Lewis	3. (b) Social Security Number	
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE-OF DEATH. June 4th. 01948 31 930 P.	
5.(b) Name of husband or wife Jennie  5.(c) If alive, give age 72 ye  7. Birth date of deceased (mo., day, yr.)  June 25, 1876	ars and that has saw h associative on 194 4	
8. AGE: Years Months Days It less than one day 71 11 8	in. Pheny Hegia Duration	
9. Birthplace	Due to. Desease 7 hippersusion  Other conditions	
13. Birthplace Canada	(Judicia programs within 2 months of death)	
14. Maiden name No Record  15. Birthplace Canada	Major fiedings of operations	
16. Informant Mrs. Jennie Lewis Address Ridgely Maryland.	Antopsy results	
17. Burial Date thereof (month) (day) (year)  Cemetery or crematory.  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Location Ridgely, Maryland.	Manage of Injury Injury 21 work?	
18. Funeral director Raymond B. Rawlings  Address Greensboro, Maryland.  18. Funeral director Raymond B. Rawlings  Address Greensboro, Maryland.	= 23. SIGNATURE AND STORES FOR M. D. STORES	

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BUREAU V. S.

### CERTIFICATE OF DEATH

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	AUG. Dies To minimum
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyCaroline	Manuland Caroline
City or town	
How tong in above place of death?	City or town
How tong in above place of death?	
nogras, marriagnan, or arrest address more than the second	Street No
How long in hospitat or institution?	2.(a) Il veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	X
William N. Luyster  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DF DEATH. June 11 19.48 21 11:50 A
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
	april 1 19 48 10 June 1/ 19 48
7. Birth date of	and that I last saw h was attre on Sune 1 10 19 48
deceased (mo., day, yr.) July 3, 1871	Immediais Sie W death DURATION
8. AGE: Years Month's Days It less than one day	Clase mysecureletos
76 11 8hrsmin.	
	outellacos eleption
9. Birthplace Millbourne N.J. (Town, county, and state)	Quedenta cula deserro
10. Usual occupation. Farmer	
11. Industry or business	Due to
	Dither conditions
E	
	(Include pregnancy within 3 months of death)
置 14. Malden name Reeves	Major fiedings of operations.
14. Maiden name Reeves 15. Birlhptace No Record	Date of op.
16. Interment Wilson Luyster	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Queen Anne, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, eremation, or removal. Which?)  Bate thereof	Accident, suicide, or homicide
(continui) di communitati di continui di c	
Cemetery or crematory. Lake Side	Where did injury occur? (City or town) (County) (State)
Location Dover, Delaware.	Injured at home, farm, industry, public place (where?)
18. Funeral director Raymond B. Rawlings	Meens of Injury tnjured at work?
	60 W H
Address Greensboro, Maryland.	23. SIGNATUR Lease X Streen Sules
10 June 11 1048 may E. Land	M. M. Marie
19. June 11 19 48 May E. & and Registrar	Address Sceent hip Med Date sided 6

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BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICAT	Reg. Diat. No.
in PLACE OF DEATH:    County   County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
6. Sex    5. Color or race   6.(a) Singly. married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
6,(b) Name of husband or wife e Mittelsell 6.(c) If alive, give age 70 years	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 48. to the local occurred on 19. 48.  and that I last saw h. L. 2 live on
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace (Town, epinty, and state)  10. Usual occupation	Immediatorane et death  Orchard Housershage 3 das  Due to. Occober 4 Tourse 6  Due to. Occober 5 Due to. Occober 5 Due to. Occober 6 Due to. Occober 7 Due to. Occober 6 Due to. Occober 6 Due to. Occober 6 Due to. Occober 6 Due to. Occober 7 Due to. Occober 6 Due to. Occober 7 Due t
11. Industry or business  12. Name	Dither conditions
14. Maiden name  15. Birthplace  The of York State  15. Birthplace	Major findings of operations
Address Predgely many of 1948  11. Burial, cremation, or removal Which? (month) (day) (year)  Cemetery or crematory David Day (year)	Antopsy results
18. Funeral director  Address  Description  Address  Description  19  Date rec'd by registrar  Registrar	23. SIGNATURE CLUS TO Date Standard of Sta

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BUREAU V. B.

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•	ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull, is especially important. Physicians: please write the causes of death clearly and
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2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 41

1. PLACE OF D	EATH: Car	lina		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Caroline  City or town Greensboro (If outside eity or town limits, write RURAL and give nesrest town)  Streel No		
City or town(13 How long in above pla Hospital, instilution,	Greensboro foutside city or town limi ice of death?	ta, write RU	RAL and give nearest town)			
How long in hospital	or Institution?		X	2.(a) tf veteran, name war		
3. (a) FULL NAI		ie C	Nichols	e Designation and the	3. (b) Social Security Number	
4. Ser	5. Color or race	6.(a)Single,	Nichols married, widowed, or divorced	MEDICAL C	CERTIFICATION	
F.	White	W	idowed	20. DATE OF DEATHJune30	19.48at8:30P	
7. Birth date of	7 7	Б. (с)	01syeal	and that I last saw h	47, 10 June 30 19 48	
deceased (mo., day	ars   Months	Days	If less than one day	Immediate caus of trath	DURATION	
71	11	9	hrsmlr			
1D. Usual occupation  11. industry or busin  HLV  12. Name  13. Birthplace  14. Malden nam  15. Birthplace	Housew John D. T No Re Elmira I No Re	ife X inley cord ill cord		Due to	months of death)  Date of op.	
				Autopsy results		
17. Buri	reensboro, al on, or removal, Which?) atory	Date there		22. VIOLENCE: It death was due to external comments and accident, suicide, or homicide	Date of	
			and.	Mana at laiver / 100	Injured at home. farm, Industry, public place (where?)	
	Raymond reensboro,		wlings land.	23. SIGNATUS A OFFICE	a sky he h July	

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2411	N.	Charles	St.,	Baltimor

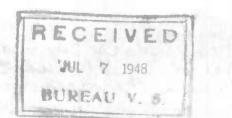
### CERTIFICATE OF DEATH

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	Reg. Dist. No Vinner
1. PLACE OF DEATH: Carpoline	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For proborn infants give residence of mother)
(1) (1) (1) (1) (1)	State County County
(If outside city or town fimits, write AVRAL and give nearest town)	City or town
How long in above place of death?	
Indepting the state of the stat	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Baby girl Sera	Chociese ann) 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenuale white Infant	20, DATE DE DEATH June 28 19 48 21 119
	21. ICERTIFY that death occurred on the date above slated; that's attended deceased from
6,(b) Name of husband or wite	June 28 11948 10 June 28 1948
7. Birth date of 2. P. 1. O. 1. C. 1. Sirth date of 2. P. 1. O. 1. C. 1.	and that I last saw her alive on serie / 28 18 48
deceased (mo., day, yr.) The do 1948	Interediate Asset of death OURATION
8. AGE: Years Days If less than one day	Under del of ment
hrsmin.	
Dreenslow	Due to Cler Keftereles
9. Birthplace	(neflection).
1D. Usual occupation	Due to
11. Industry or business	(q no 102)
	Other conditions
12. Name Lago S. Sara Md.	
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Smith  15. Birthplace Eastow, Md.	Major findings of operations.
₹ 15. Birthplace Cashow, Clnd.	Date of op.
16. Informant Calcar Sara	Autopsy results
Address Precision	
Banico 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory / Cooke Runal Arma	Were did injury occur?
Location Mean Streenslows Mo	Injured at home. farm, industry, public place (where?)
Ada aus dayd	Means of Injury Injured at work?
18. Tonora director	the state of the s
Address & Tolkers, Torto, 1110	- 23. SIGNATURE Clearle N Ffneargh (1)
6/28 .48 & m. Fin.	My or other
(Date ec'd by registrar)	Address Dileustris Ma. Date signed 6 day 70

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PLEASE WRITE



Since this Will was born at full term can you state a mile definite cause of death?

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 6/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;
County y Curolesso	(For newhorn infants give residence of mother)
CA MOOMA WORD	State Maryland County Caroline
(If outside city of town limits, write ADRAL and give hearest town)	City or town ATreensloro Rural
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Grever UNI plantle	4
4. Sex   5. Solor or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 40 22
Male lot. single	20. DATE OF DEATH 1948 21 3
	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of March 13 - 1926	and that I last saw h
Brooker (mon) 1977	Immediate cause of death
o. Aut. 0 0	
K K 3 Dhrs. min.	- June Juseming wellen
So lowed Nour Versing	Due to.
9. Birthplace	V V
Lalvoron /	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Survey Um. Smith Sn. 13. Birthplace & Treenstore Md.	Diher conditions
3. Birthplace Treenslow Md.	8
	(Include pregnancy within 8 months of death)
= 14. Maiden name	Major findings of aperations.
14. Maiden name Mary Streen  15. Birthplace & aston, Mcl.	Date of op.
Smith Shi	Autapsy results.
16. Informant.	PHYSICIAN: Please underline the cause to which death shauld be charged statistically.
Address Narrington, Wel.	
Buria 0 1 1/6/48	22. VIOLENCE: If death was due to external cases, till in the following: 6/13/48
(Burial, cremation, or remover) Which?	Accident, sulcide, or homles Date of
( be ma!	Where did Injury occur? (City or town) (Sounty) (Stay:)
Cemetery or crematory	Quella Tulgal
Location Color Wycensoro, McC.	Injured at home, farm, Industry, public place (where?)
B. Rawlings	Means of Injury Injured at work?
18. Funeral director	1 00
Address & Resistoro, Mac.	- Hauson U Jeonse
Out of Man D.	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 12/48
(Date fee d by fegicital)	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Reg. Diat. No. 62

1. PLACE OF DEATH: Caraliel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Land Deuton	B.W
How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest Street No.	t town)
How long in hospital or institution?	(If rural, give LOCATION)	
3. (a) FULL NAME	3. (b) Social Security Nu	
Mary Thomas	S. (0) Social Security Num	moer
4. Sex f 5. Color or race f 6.(a) Single, married, widowed, or giverced curried	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH	41
6.(6) Name of husband or wife Clearles Houses.	27. POERTIFY that death occurred on the date above stated; that flattended deceased that the state of the sta	1 from 48
7. Birth date of deceased (mo., day, yr.) . Level 1874	and that I last saw h	DURATION DURATION
8. AGE: Years Months Days If less than one day	Derebial Hemonhoge	2 day
9. Birthplace (Town, county, and atate)	Due to ATY Devension	2400.
10. Usual occupation	Due to	••••••
11. Industry or business  12. Name	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Carolinal Steamers.	Major findings of operations.	, , , , , , , , , , , , , , , , , , , ,
₹ 15. Birthplace	Date of op	
18, Informant	Autopsy results	tistically.
Address Fledersteing. and.  17. Burial Date thereof 6. 48.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal/Which?) (month) (day) (year)	Where did Injury occur?	State)
Cemetery or crematory	(City or town) (County) (S) Injured at home, farm, Industry, public place (where?)	state)
Location	Msans of Injury // Injured at work?	
Address Destage: Ill do	Mt Small Mic	D
19 6/18 1948 mos 6 George	23. SIGNATURE M. D. Oyc	1/1 /48
Walle us mit General	M. D. ope	117/4

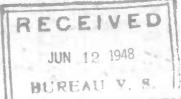
JUN 21 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  Couoty  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Streef No.  (If rurel, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  6.(b) Name of suctions or wife 8. 6.(c) If alive, give age years	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.45.
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   1f iess than one day	and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are allye on first and that last saw h are ally enough that last saw h are ally enough that last saw h are all the saw h are ally enough that last saw h are all the saw
76 8 14min.	Due to Sur sea Gracial 290
tD. Usual occupation.	Due to Assless Scleroses ?
11. Industry or businese  H 12. Name  L 13. Birthplace	Dther conditions
14. Maiden name Marie Travelsia  15. Birthplace Marie Carol	(Include pregnancy within 3 months of death)  Major fiediogs of operations
16. Informant Mrs Hellie Toluthy	Actors results.  PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Address  11	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory Surface Response	Where did Injury occur?
18. Funeral director La Visignil The onthe Adu	Meene of Injury Injured at work?
Address  19. (Date rec'd by registrar)  19.4.8 my v. O. Fronzelle Registrar	23. SIGNATURE M. D. or other M. D. or other Date signed 4.9.48

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2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No. 716

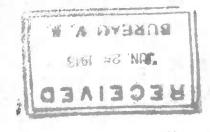
			CHILLI	1 1011	Reg. Diat. No.
1. PLACE OF DE Caro	ATH: line				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or townFed  (1f o	ot death? street address where	death occurred:	RAL and give nearest		State Maryland County Caroline  City or town Federalsburg (If outside city or town limits, write RURAL and give nearest town)  Street No. Rural
					(If rural rive LOCATION)
	r institution?				2.(a) If veteran, name war
3. (a) FULL NAM GEO	RGE W. TI				3. (b) Social Security Number
4. Sex male	5. Color or race White		married, widowed, or divor eperated	rced	MEDICAL CERTIFICATION  2D. DATE DF DEATH  2D. DATE DF DEATH  2D. DATE DF DEATH
	or wife	ie Pri	tchett If alive, give age	years	21. I CERTIFY that death occurred in the value above stated: that attended deceased than  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years	81 x	Days 22	If less than one day	min.	Chance My market 147.
			d ite)		Due to
13. Birthplace	Maryland	d			Other conditions
HLOW 14. Maiden name.	Susan Ta Maryland				Major findings of operations
16. Informant	Edith To	ille,	Md. 6/23/4 (month) (day)	,	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or cremate	Ebene;	zer Ch	ırch		Where did injury occur?
Location	Crapo	Mary	land		Injured at home, tarm, Industry, public place (where?)
18. Funeral director	LeCom	ote Fu	neral Ser	vice	Means of Injury injured at work?
Address			Maryland		Fra le M Guderson MD.
19,(Dyto ree'd by re	2/ 19# 8	Ja	la maceful	Registrar	Address Leclaras burg W. D. og other W. D. date signed U. 21 49

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and l

PLEASE WRITE PLAINLY, V is especially

VS

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

6023

Reg. Dist. No. 68

1. PLACE OF DE	ATH:		-	2. USUAL RESIDENCE (HOME)	F DECEASED:	
County	Car	oline.		(For newborn infants give residence of	mother)	
City or fown. Henderson Rural (If outside city or town limits, write RURAL and give nearest town)		state Maryland co	uoty Caroline	***************************************		
(If	outside city or town l	mits, write l	RURAL and give nearest town)	City or town Henderson	Rural	
How long in above place	of death?	4	3 Yrs.	(If outside eity or town limit	s, write RURAL and give neare	at town)
Hospital, Institution, or	street address where	death occurre	d:	Street No.		
		• • • • • • • • • • • • • • • • • • • •			LOCATION)	
		***************************************	X	2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security No	umber
	Wal	ter 1	Wathan Walls	Callaber of the CD allega-	X	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	W:	idowed	20. DATE OF DEATH June 20	19.48.,	625 A
	Rliz	ahath		21. I CERTIFY Mat dwain occurred on the date ab	ove stated; that I ajtimited degage	ed from
				3//0	18 19 00	10/2
7. Birth date of		6.	(c) tf alive, give ageyears	and that i lest saw had live on		100
deceased (mo., day,	yr.) Nove	mber	14. 1858	Immediate cause of design of	4	DURATION
8. AGE: Year		Days	If less than one day	( Chiana	KDro	
	19 7	6	hrsmin.		120	
		-	1	Vashin-lasses	OIL MERSO	0
9. Birthplace	ntervill	eounty, and	state)	Dueto		
G Paleston	Til o so			199		
1D. Usuat occupation.	£.94.			Due to.		
11. industry or busine		X				
至 12. Name	Nathan W	alls		Dther conditions		
12. Name	Maryl					
			en	(Include pregnancy within 3		
14. Malden name			<b>7.4.4.</b>	Major findings of operations		
2 15. Birthplace	Maryl	and			Date of op	
16. Informant	E.Walls			Autopsy results	***************************************	
				PHYSICIAN: Please underline the cause to	which death shoold he charged st	atistically.
Address DC	ver, Del	aware	•	22. VIOLENCE: If death was due to externat ca	ouses, fill in the following;	
17 Buris	n, or removal. Which	. Date the	reol	Accident, suicide, or homicide		
Cemetery or cremat	ory Green	s.b.o.r.o		Where did injury occur?(City or town)		
Location	reensbor	o, Ma	ryland.	tnjured at home, farm, industry, public place (	where?)tnlured at work?	***************************************
18. Funeral director.	Raymond	B . R	awlings	Means of Injury	Injured at Work?	
Address G1	reensboro	Mar	yland /	Not you	ver	0
10/0/	22 . 4	8 0	10 Smith	23. SIGNATURE CASE	for I had	ther
19. (Date rec) thy r	egistrar)		Registrar	Address.		

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JUL 2 1948

BUREAU V. S.

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	rles St., Baltimore
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or lown (If outside city or town limits, write RURAL and give nearest town)  Street No.
How long in hospital or Institution?	(If rurat, give LOCATION)
3. (a) FULL NAME Frank Williams	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male   Luyle	MEDICAL CERTIFICATION  2D. DATE OF DEATH
6.(b) Name of husband or wife	Decembr 2 19 47 10 Jenn 22 19 4
8. AGE: Years Months Days If less than one day  6 8 0 ? hrs. mi	Due to
10. Usual occupation	Due to
12. Name fame & Melassus  13. Birthplace & Delaware  14. Maiden name Rotaura Bedwee	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.
14. Maiden name Attawa Beleece  15. Birthplace Del.  16. Interment Mary Shewbrooks.	Major Indiags of operations.  Date of op.  Autopsy resolts.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17. General Which?)  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location	Where did Injury Occur?
18. Funeral director	

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JUL 2 1948

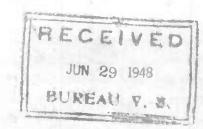
BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Siate
Orgination 11/12	
4. Sex 4 5, Color or race 6.(a) Single, married, widowed, or divorced rearried  6.(b) Name of husband or wife Clarko Williamson  6.(c) If alive, give age 30 years	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) August 19, 1920	Immediate cause of death DURATION
8. AGE: Years Months Bays If less than one day  29 hrs. min.  9. Birthpiace	Due to.  Due to.  Due to.  Differ conditions  (Include pregnancy within 3 months of death)
H 14. Maiden name Milie Sharps  15. Birthplace Mich.	Major findings of operations
16. Informant Charles Williamson	Actorsy results
(Burial, cremation, or removal, Which?)  Date thereof June 20, 1948  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Joseph Joseph Mary Can I.	Where did injury occur?
Location Location	Msans of injury injured at work?
18. Funeral director . Jenfon , manyland	23. SIGNATURE XX Afformanyer M. D. St. 819-5
19. (Wate rec'd by registrar) Registrar	Address Illebus Med Date signed on 20



### MARYLAND STATE DEPARTMENT OF HEALTH

114	20
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### CERTIFICATE OF DEATH

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		 1	-

	2411 N. Chur	es St., Buftimore	r
	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 4
1. PLACE OF DEATH:	ine	2. USUAL RESIDENCE (HOME) C	
City or town	Rural , write RURAL and give nearest town) 4 Yrs.	State Maryland Co City or town Graansboro. (If outside eity or town limit	
		Street No	e LOCATION)
T		2.(d) (1 telejan, name va	3. (b) Social Security Number
3. (a) FULL NAME  Gwendol  4. Sex   5. Color or race	yn B. Wright		X
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
F. Col.	Single	2D. DATE DE DEATH June 2	19.48 21 5
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months  33 5  9. Birthplace	Days If less than one day 25 hrs. min.  Delaware.  nty, and state)  ework  X	and that I list saw h	estina)
E 12. Name Robert Wr		Dther conditions	
E 14. Maiden name Lydia	e, Maryland. May	(Include pregnancy within 3	
	n. Delaware.	-	
16. Informant Robert W	right	Antapsy results	
	Rural, Maryland.  Date thereof. 6/5/48 (month) (day) (year)	PHYSICIAN: Please underline the cause to a  22. VIOLENCE: If death was due to external or  Accident, suicide, or homicide	auses, fill in the following:
Location Near Greens		Injured at home. farm, Industry, public place (	(where?)
18. Funeral director Raymond B	• Rawlings	Meens of injury	Injured at work?
Address Greensboro.		23. SIGNA The Stearle N	Houseful ?
19. June 4 1948	L. Mutter	Address Trees on	Med pale signed 16

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